

09/647748

(Use this form for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

..... Rejected	N	Non-elected
..... Allowed	I	Interference
(Through numeral)..... Canceled	A	Appeal
..... Restricted	O	Objected

Claim	Date
Final	
Original	
1	1/15/62
2	5/13/62
3	2/18/62
4	1/13/62
5	3/10/62
6	5/1/63
7	12/17/63
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Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions
staple additional sheet here

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